

# AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

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**Form Name:** Aged and Disabled Waiver Participant Enrollment Request (Policy Section 501.10)

**Purpose:** To enroll an applicant who is found financially and medically eligible for the Aged and Disabled Waiver program. The Case Manager or Personal Options Program Manager must complete the Participant Enrollment Request Form. Once the applicant is enrolled, a Participant Enrollment Confirmation Notice will be attached in CareConnection. No Medicaid reimbursed ADW services may be provided until the Case Management Agency or the Personal Options Program Manager is ***in receipt of the Participant Enrollment Confirmation Notice.***

1. Enter ADW Participant;
  - Name
  - Date
  - Date of Birth
  - Mailing Address to include city, state, and zip code
  - County
  - Medicaid Number (Must have 11 digits or will not be processed)
2. Print ADW Participant's Name
3. Print Case Manager's or Personal Options Manager Name.
4. Case Manager or Personal Options Manager must sign and date
5. Print Case Management Agency Name
6. Case Management Agency phone number
7. Print Personal Attendant Agency Name
8. Personal Attendant Agency phone number
9. Attach the completed form and DHS-2 in CareConnection
10. The Case Management Agency and Personal Attendant Agency must maintain a copy of this request form
11. A Participant Enrollment Confirmation Notice will be attached in CareConnection when complete
12. A copy of the Participant Enrollment Request Form and the Participant Enrollment Confirmation Notice must be kept in the participant's file